

**Testimony of the Connecticut Association of Area Agencies on Aging (the C4A).**

We are respectfully submitting the following comments regarding Governor Rell's 3/1/10 Proposed Deficit Mitigation Plan.

Please see below items of particular concern to older adults and individuals with disabilities. We are referring to the item #s as they are listed in the 3/1/10 Deficit Mitigation Plan.

**Please note: For items that are asterisked (\*), we have included interpretative detail that is based on the Governor's budget proposal for SFY'11. In some cases, this detail reflects best assumptions but cannot be verified against the actual language of the Mitigation Plan.**

**Items that would impose new cost sharing:**

- **Item # 36:** to "implement cost-sharing requirements on individuals receiving Medicaid services" \* – We presume this refers to imposing \$3 co-payments on most Medicaid services, but please note that if consistent with the SFY'11 recommendation:
  - co-payments would **not** apply to hospital in-patient, emergency room services, home health, laboratory or transportation
  - the total co-pay obligation per month would be capped at 5% of the involved family's income
  - co-payments for prescription drugs would be capped at a maximum of \$20 per month
  - a number of groups would be exempt from making co-payments (relevant to our purposes, this includes recipients of SSI, individuals at or below 100% FPL, women who are receiving treatment for breast and/or cervical cancer and individuals who reside in institutional settings)
- **Item #49:** to "revise Medicare Part D co-pay requirements for dually eligible" \* - we presume that this refers to increasing Medicare D participants' obligation to cover their co-payments (in 2010, \$1.10 to \$6.30 per prescription) from \$15 to \$20 per month

***C4A respectfully opposes the Governor's proposal to impose burdensome new cost-sharing requirements on very poor individuals.***

***As a frame of reference, an individual applying for "community" Medicaid in most parts of Connecticut must show a monthly income of less than \$506.22 per month (\$672.10 for a couple). Given their low incomes, Medicaid recipients do not have sufficient income or savings through which they can bear cost-sharing for the services that they receive. Already burdened with significant out-of-pocket expenses, including over-the-counter medical supplies, utilities and food, recipients erode what little they have to live on each time a co-payment is made.***

**Items that would restrict access to needed services:**

- **Item # 47:** to “restrict vision services for adults under Medicaid” \* - we presume that this refers to eliminating vision coverage (e.g. glasses, contacts, and optometry; **ophthalmology** would remain covered) under Medicaid (please note: kids under 21 on Husky A would continue to be covered)
- **Item # 62:** to suspend non-emergency dental services for adults under Medicaid and SAGA
- **Item # 63:** to adopt the more restrictive SAGA definition of “medical necessity” for purposes of Medicaid coverage (e.g. shift from the current definition, which requires “maintenance of an optimal level of health” to services that are “reasonable and necessary” or “appropriate”)\*

***C4A respectfully opposes the Governor's proposal to eliminate coverage for key preventative services under Medicaid.***

***For older adults and people with disabilities, eyeglasses are an essential support for safe mobility and accurate use of prescription drugs. Preventative dental work ensures proper nutrition and avoids serious health conditions, such as cardiac diseases, that are caused by poor oral health.***

**Items that would compromise the capacity of the elderly services network:**

- **Item # 42:** to reduce certain Medicaid provider rates by 5% (and reduce ICF/MR's and Chronic Disease Hospitals by 2%)

***C4A respectfully opposes the Governor's proposal to cut Medicaid reimbursement rates to long-term care providers.***

***Medicaid reimbursement rates to providers of home and community-based services have not kept pace with increased costs of doing business (e.g. staff recruitment and retention, insurance and quality assurance/ regulatory compliance efforts). This is particularly serious given the dramatic increase in need for direct home care staff that is anticipated based on demographics.***

**Thank you very much for your consideration of C4A's position on these very important issues.**

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